



MARYLAND HEALTH CARE COMMISSION

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Request for Proposals (RFP)
Experience of Care Surveys For Maryland Nursing Homes
MHCC 11-001
February 18, 2010

QUESTIONS/RESPONSES

1) On the previous contract was there an MBE requirement and if so, who is the MBE?

Response: The MBE subcontractor goal was set at 25%. The firm used two MBE:
Distribution Postal Company, Inc.
Art & Negative Graphics, Inc.

2) In regards to the invoicing/payment schedule provided in "Key Performance Indicators and Deliverables" beginning on page 21 of the RFP: Can the payment schedule be negotiated to account for the significant out of pocket expenses for survey printing and mail out and return mail postage the Contractor will incur? These expenses can account for a significant amount of the total contract; the Contractor would pay out nearly all monies received in the first two proposed 25% payments, and not recognize any payment for their staff work until after the completion of data collection.

Response: We can make reasonable alterations to the payment schedule to accommodate submission of an invoice(s) for printing, mailing and return postage costs that have been incurred.

Note: The financial proposal worksheets were not designated as Appendix B in the RFP that was posted. The referenced worksheets are on pages 59 through 62.

3) Regarding: Financial Proposal – Worksheets 1 and 2 (pages 58-59)
The financial proposal worksheets require providing variable price work for mailing the survey. The form requires the price per mailed survey times the number of surveys.

Since the data collection may involve several phases (an initial mailing with follow-ups – reminder cards, and second mailing to non-responders), should the price per mailed survey include the sum of all the data collection phases together based on the estimated 18,000 family surveys and 3,500 – 5,500 resident surveys or should the individual phases (initial mailing, reminder card, second mailing) be broken out separately on a per piece basis?

Response: The price per mailed survey should include the sum of all the data collection phases together.

4) In regards to the discharged residents of nursing homes with a short stay survey developed by AHRQ:

Has AHRQ identified domains based on the survey questions?

Response: Analysis by AHRQ is still in process to confirm their proposed composites; some questions may be deleted or reworded as a result.

Has AHRQ conducted any methodological analysis to measure the performance of the survey questions (i.e. reliability analysis, analysis of non-response, skip pattern analysis)?

Response: In Process

Does MHCC anticipate any changes to the short stay survey from the version used during 2009?

Response: There may be some changes to questions based on analysis; it is anticipated that some questions will be deleted or reworded.

5) What part(s) of the current survey do you feel are effective and should be left intact, and what part(s) do you believe are not working the way they should?

Response: We are satisfied with the family survey at the present time and do not anticipate changes in the near term. However, this contract will span four years and changes may need to be made to accommodate the needs of Marylanders or as a result of changes in the health care system.

The short stay survey analysis is not complete; what we can say at this point is that it is possible the survey will have fewer questions.

6) Would it be possible to see the existing scope of work from the incumbent or the survey or redacted contract of some sort?

Response: An excerpted Scope of Work starts at the end of this document.

7) What is the timing of the survey administration? I noticed in the 2008 Statewide report that the survey was mailed mid-September and was collected through mid-January. Will this be the timing for the 2010 survey?

Response: The same in 2010, but may change in future years.

8) Also, I noticed that follow-up telephone calls were made to increase the response rate in 2008. Does this mean that we can complete the survey via telephone to non-responders or this just a reminder call to complete the mail survey and return it?

Response: The follow-up phone call is a reminder call to complete the mail survey and return it.

9) Are the sample sizes for responsible parties/family members and for recently discharged residents specified in Appendix A for the initial sample, from which a minimum 55% response rate is expected, or the number of completions, so that the initial sample would have to be $1/.55 = 1.82$ times the numbers listed? In other words, does MHCC expect mailings to about 32,700 responsible parties/family members, from whom about 18,000 responses would be received, or does it expect mailings to 18,000, from whom as few as 9,900 responses might be obtained?

Response: We have mailed to approximately 18,000, in the past three years which achieved response rates of 58%, 59%, and 58 % respectively.

Note: The contract is being amended to allow the State the unilateral option to terminate the contract if the response rate falls below 90% of the prior year's response rate.

10) a. Can MHCC provide any data on the universes from which these samples would be drawn, i.e., the number of unique residents in 225 nursing homes in a six-month period, or an estimate based on what was found when the 2005–06 survey was conducted?

Response: The MHCC public use database contains information that the vendor can use to determine the sample population. http://mhcc.maryland.gov/public_use_files/index.aspx

b. Likewise, can MHCC provide any data on the number of discharges from nursing homes after stays of 5–90 days per quarter from Maryland nursing homes?

Response: Below are the annual numbers of short stay residents in all Maryland nursing homes from 2000-2008. For the pilot that was done in 2009, we selected a subset of nursing homes (approximately 60) with at least 30 discharges during the time frame for survey collection. The number of short stay residents estimated in Table A of the RFP reflects the number of surveys mailed in 2009. For future short stay surveys we have not decided if all nursing homes and all short stay discharges will be included in the population. This information is intended to give the range of short stay residents.

**Number of Residents who were
Discharged to Home with Nursing Home
Stays Between 5 and 90 days**

YR	Total Number	Annual Change
2000	20630	
2001	21801	5.68%
2002	22794	4.55%
2003	23704	3.99%
2004	24864	4.89%
2005	26096	4.95%
2006	26627	2.03%
2007	27028	1.51%
2008	28618	5.88%

11) Would MHCC provide the questionnaires that were used in the 2005–06 survey? They are not included in the report linked in the RFP.

Response: There are statewide reports for both the pilot and 2007 surveys on the MHCC web site. These reports include the questions from each survey. They can be found in Long Term Care/Long Term Care Reports/Nursing Home Performance
<http://mhcc.maryland.gov/longtermcare/index.html>.

Examples of changes made to the survey:

- Reduction in number of questions: from 64 to 32
- Reworded questions to be more experience focused
- Negatively worded questions eliminated
- Skip patterns eliminated
- Potential proxy questions removed
- Some screening questions collapsed into a rating question
- Open ended comments deleted

12) The RFP states that sample size may be left up to the contractor; however, does the state have a preference for conducting a census rather than sampling?

Response: No preference.

13) Item 6 on page 16 of the RFP mentions that comparisons should be made between the current survey data and past surveys conducted by the Commission. Will data files be made available to the contractor so that comparison analyses may be run? If so, in what format will the data files be made available (.csv, Excel, etc.)?

Response: The comparison that needs to be made is shown on the web site in the “diff” column. Results files can be made available to the selected vendor.

14) For the submission, can the CDs be packaged with the respective hard copies (Technical and Financial) or must they be in their own envelopes?

Response: No preference; label each CD accordingly.

15) Given that questions are due Feb. 16th and the proposal response is due on March 5th, is a short extension of the due date possible?

Response: No extension will be given.

16) Should we receive any additional show that would close down Maryland’s government on the due date, what procedures should be followed (i.e. alternative due dates, electronic delivery, etc.)?

Response: The MHCC has determined that if the State of Maryland is closed or on “liberal leave” on the proposal due date, the proposals will become due on the next business day that the State is open to conduct business.

17) Item d. on page 27 talks about letters of commitment from those personnel assigned to this work. Are these letters required of all proposed personnel or only the key personnel?

Response: All personnel

18) Under the evaluation criteria (section 1.1 on page 31) can you provide the point or percentage breakdown for each evaluation item?

Response: There is no numerical weighting.

Excerpted material from: Maryland Nursing Facility Family Survey MHCC 07-019

4. 1 Develop a Project Workplan for the Contract Period

The work plan shall contain a Gantt chart, showing all major steps of the project with specific dates for completion of each step. In addition, the work plan shall identify all inputs/resources needed for the project. Each of the major steps identified shall be broken into specific tasks and the methodology for performing each task shall be identified, along with the name and position of each staff member responsible for each task. The vendor shall meet with the Commission's contract monitor to finalize the project work plan submitted in the proposal within 10 days following contract award.

4. 2. Develop a plan to communicate with all nursing facilities in Maryland relevant information needed to obtain a list of representatives of record, and coordinate survey activities.

Effective communication with nursing facility staff is a critical factor in the success of survey administration because of the importance of enlisting the cooperation and assistance of the nursing homes in identifying potential respondents and in using the results of the survey to improve care. As part of its proposal, a vendor shall develop a Communication Plan which includes the following elements : 1) a methodology for determining an appropriate contact person for each Maryland nursing facility who can provide information from which a list of responsible parties of record can be derived; and 2 a methodology for communication with those facilities both during and following the data collection period to respond to questions concerning the survey and describe how staff can use survey results. All written communications to nursing facilities prepared by the vendor shall be approved by the Commission's contract monitor prior to distribution to any facility.

4. 3 Format the Survey Questions

The Commission's contract monitor will provide survey questions to the vendor in an electronic file. The vendor shall:

- a. Format the questions into a document which is suitable for distribution by mail to each identified responsible person, permits the easy recording of survey responses by the respondents and may be easily returned to the vendor for recording of results. The survey instrument to be provided is limited to the number of questions that can be answered in a reasonable period of time (i.e. 20 minutes or less) and includes the following core domains: 1) staff & administration, 2) environment/physical aspects of the nursing facility, 3) activities available, 4) food & meals, 5) resident rights/autonomy/privacy, 6) care provided, and 7) overall experience.
- b. Duplicate the final survey, prepare it for mailing and mail it to the representative sample of responsible parties as specified in paragraph 4. 4. The materials to be mailed to each participant shall include a postage paid return envelope for return of the survey. All costs associated with survey preparation, duplication, mailing, and obtaining the completed survey are to be reflected in the financial proposal.

What is not captured by this scope of work is the fact that the number of questions changed over time. Using statistical analysis and revisions suggested by a work group, pilot survey questions were revised for survey year 2007 with revisions again in 2008, resulting in additional work by the contractor.

Examples of changes in the survey during the current contract period:

- Reduction in number of questions: from 64 to 32
- Reworded questions to be experience focused
- Negatively worded questions eliminated
- Skip patterns eliminated
- Potential proxy questions removed
- Some screening questions collapsed into a rating question
- Open ended comments deleted

4.4 Determine Sample Size, Methods for Selection of Sample, Propose Survey Methodology

In determining the size of the sample population to be used, the vendor should be aware that the goal of the Commission is to obtain at least a 50% response rate from each nursing facility. The sample selection methodology shall be designed to provide the required sample population to obtain the required response rate in the most cost-effective and efficient manner possible.

- a. The vendor shall determine an appropriate sample size and propose, for approval of the Commission's contract monitor, a methodology for determining eligible participants for each licensed nursing home in Maryland. The sample will be based on the number of residents with stays of 90 days or longer and must represent each facility's resident distribution by payment source (Medicaid, private), i.e. if a nursing home has 40% Medicaid and 60% private pay patients, the survey responses must strive to obtain responses of 40% from responsible parties for Medicaid recipients and 60% from responsible parties for private pay patients. All licensed nursing facilities in Maryland should participate in the survey (as of November, 2006, licensed nursing facilities in Maryland numbered 236). The methodology should identify exclusions by category of respondents from the list of potential respondents provided by nursing facilities. Exclusions shall include, at a minimum, 1) residents who are listed as their own responsible party, 2) identified responsible parties who are themselves residents of nursing facilities, and 3) responsible parties whose contact address is a nursing facility (i.e. staff). Other potential categories of excluded responsible parties should

be identified with a rationale for the exclusion of that category and a description of how the methodology for sample selection will identify these categories of responsible parties.

b. The survey methodology should address the manner in which the minimum 50% return rate will be achieved. The vendor shall describe in the proposal all information to be requested from each nursing home (i.e. responsible party/family member lists) for purposes of sample selection. Upon receipt of the information, the vendor shall select a representative sample according to the sampling methodology previously approved by the contract monitor.

c. A mixed mode survey methodology is preferred, consisting of at least two mail waves and a follow up strategy to be proposed by the vendor. The follow up strategy is to be employed for any facility not achieving a 50% return rate through the two mail waves.

d. The vendor should justify, through prior experience, by literature-based references or other methods, why the proposed methodology should yield the desired results.

e. Written correspondence to be sent to prospective respondents soliciting their participation and explaining information necessary for completion of the survey shall be prepared by the vendor for sending and shall be subject to the prior approval of the Commission's contract monitor.

4. 5 Track response return rate; collect & tabulate responses

Following the mailing of the survey to those persons selected by the sampling methodology, the vendor shall:

a. Track the survey responses for each nursing facility to determine each facility's response rate and communicate in writing the cumulative return rate for each facility to the contract monitor on a weekly basis between the time of the mailing of the survey and the due date for final responses.

b. Collect and tabulate all data from respondents to the survey. Data collection responsibilities shall include: 1) answering inquiries from all potential survey respondents during the survey collection period, 2) collecting the survey data, and 3) entering all survey data into an electronic spreadsheet for editing and coding, as needed, in preparation for analysis.

c. Document, categorize and summarize all inquiries, compliments and complaints from respondents about the survey and the survey process for the purpose of identifying information to be used to improve future surveys and the administration processes. A summary of the types of inquiries will be communicated to the Commission's contract monitor every two weeks in writing during the data collection period. A complete categorization and analysis of all inquiries and comments shall be provided as part of the methodological report. The contractor shall provide the Commission with original paper copies of all participant comments at the conclusion of the contract period or before, if requested. As an alternative to returning all copies of participant comments, the Commission's contract monitor may direct the contractor to destroy the original paper copies in a manner that preserves confidentiality. Costs associated with mailing to the Commission or destroying all participant comments should be reflected in the vendor's financial proposal.

d. Responses from participants who return one, two, or three or more surveys on behalf of different residents shall be further analyzed by the vendor to determine response patterns.

4.6 Data tabulation and report production

Following the receipt of all the survey information, the vendor shall tabulate the data and produce reports as follows:

a. Facility specific and statewide aggregate reports in both written and electronic forms shall be produced. The reports will consist of at least the following:

- 1) An introduction explaining the purpose of the survey
- 2) A description of the sample selection and survey administration methodologies
- 3) A glossary of terms
- 4) Directions as to how to read each of the reports
- 5) An interpretation of domain & item level scores
- 6) A description of how the scores may be used to improve care and the processes of care
- 7) An addendum showing statewide item level scores

b. The vendor shall prepare individual facility level reports showing for each facility the results that pertain only to that facility along with a comparison of that facility's results to statewide results and peer group results [peer groupings shall be based on facility size, type of organization (for-profit/not-for-profit), and region of location in the State. In addition, the vendor shall prepare a statewide aggregate report. The reports shall include interpretations of exhibited data. The Commission's contract monitor shall review and approve drafts of sample individual facility reports as well as a sample statewide aggregate report. The vendor shall obtain the approval of the Commission's contract monitor prior to any release of the data and reports.

c. The interpretation of results should be written to meet the information needs of two types of users. The first user is the consumer interested in comparing nursing facilities for the purpose of selecting a facility for themselves or a family member. The second user is the nursing facility staff for the purpose of comparing the results for a particular facility with other similar surveys the facility has previously completed to enable the identification of and provide suggestions for improvements at that facility. The perspective of each of

these users should be addressed in the interpretation section.

d. The electronic facility-level report shall be formatted to facilitate efficient incorporation into the Maryland Nursing Home Guide. Before the electronic report is developed, the vendor shall consult with the Commission's contract monitor to obtain the technical specifications required for any reports that are to be posted on the Commission's web site. Currently, Visual Basic or C# programming in asp.net 2.0 on a WIN 2000 server is acceptable. The Commission uses SQL server for web databases. The electronic reports must be formatted in such a manner as to allow for easy comparability across facilities.

e. To maximize understanding of the reports' content by a non-technical audience, the reports should: 1) minimize the use of technical language to only that amount of technical explanation essential to understand the report; 2) explain any technical terms that cannot be eliminated; 3) limit the use of acronyms and provide an explanation of all acronyms used ; 4) provide expanded or "drill down" detail for consumers who wish to know more; and, 5) make effective use of graphics to enhance user understanding.

f. The contractor shall compare the survey conducted under this solicitation to the family survey used in 2005 by domain and peer groupings and report on trending of data across the two surveys. Statewide and facility level comparisons shall be produced. An interpretation of the comparisons between the two surveys shall be prepared which will note opportunities for improvements at both the facility and the state level. The vendor shall include a section comparing the survey administration procedures in the methodological report described below to delineate similarities and differences between the two survey processes.

g. The Communication Plan referenced in 4.2 will describe the method of report distribution.

h. The vendor shall provide a separate electronic file of each survey collected under this contract in a form that will allow Commission staff to analyze such data at a future date.

4.7 Produce a Methodological and Trend Report

At the conclusion of data collection, the vendor shall provide a methodological and analytic report which includes the following:

- a. A complete description of sampling and implementation procedures used in the survey;
- b. A complete description of the data processing procedures used;
- c. A complete description of the sampling framework;
- d. A table detailing response rates and dispositions for each case included in the sample;
- e. An analysis of response bias and a description of any weighting of the data , if applicable;
- f. A summary of the data using routine tabulations of frequencies of each response for each survey question;
- g. A summary and trend analysis of the data collected at each facility and at the statewide level as compared to 2005 data;
- h. Tables indicating standard errors, confidence intervals with appropriate notations, and summary graphs;
- i. A table with data based on each core domain;
- j. Five or more tables with data stratified according to the peer groupings used in the 2005 survey, which included: 1) facility size, 2) type of organization (profit/not-profit), 3) region, 4) overall experience scores (if included); and 5) comparisons with high performers, composite scores and other agreed upon (when and by whom?) elements;
- k. A comparison of survey administration procedures between the survey conducted in 2005 and the current survey to delineate similarities and differences between the two survey processes;
- l. A categorization and tabulation of open-ended responder comments;
- m. A description of problems, if any, encountered in the survey administration process and, for each such problem, the solution adopted;
- n. The procedures used to maintain confidentiality during the sampling, data collection, data processing, and data storage phases of the project;
- o. Possible suggestions for improvement for future surveys;
- p. Feedback from communications with facilities during data collection that may be useful for future administration of a similar survey;
- q. Comparisons, if applicable, to the vendor's previous findings in studies of other states; and
- r. A complete set of data in a format that the MHCC can display on its website. Any databases, software, web pages developed for use must be submitted with complete documentation.

Other Requirements

4. 8 Staff Training

If the vendor expects to hire staff to accomplish the work under this contract, the vendor shall provide any necessary staff training in advance of the data collection phase of the project. The vendor shall provide the Commission's contract monitor with a position description and experience/qualifications for each newly hired staff member. All staff making contact with respondents or nursing facilities must have verifiable prior survey and telephone contact experience. An outline of the topics to be covered during the training program shall be submitted for review by the Commission's contract monitor.

4. 9 Proofread Materials

The vendor shall review all data analyzed for calculation errors and shall review all written text for grammatical errors.

4.10 Progress Reports

- a. Throughout the course of the contract period, progress reports including progress on work completed to date, difficulties/issues encountered, and solutions implemented to minimize them are due at three week intervals.
- b. In addition, during the survey collection period, the vendor shall deliver/transmit to the Commission's contract monitor the following: 1) a status report on the cumulative survey response rates for each facility **weekly**; 2) inquiries from family members/responsible parties summarized by category and the general responses to these inquiries every **two weeks** during data collection; and, 3) a list of difficulties encountered and resulting methodological changes in survey implementation made to minimize these difficulties every **two weeks** during data collection.

4.11 Attend and Testify at Meetings and Hearings

The vendor shall be available to attend meetings with advisory groups or facility representatives and legislative hearings at various times throughout the project and following project completion. Typical examples may include: kick-off meeting at project start-up and a meeting at the release of survey findings, Commission meetings and legislative meetings. Meetings will be approximately two-three hours in duration. Attendance will be at the direction of the Commission's contract monitor. If vendor presentation of information in meetings is required, the vendor shall provide a sufficient number (to be determined by the Commission's contract monitor) of copies of applicable materials for distribution.

Attendance at meetings is estimated to be up to 30 hours annually, but no guarantee of a minimum number of meeting hours is made.

4.12 Satisfy Timetable

The vendor shall meet the timeframes specified

4.13 Maintain Key Personnel

The Commission believes strongly that the quality of the work for this project is directly linked to both the continuity and the quality of the staff assigned by the vendor. The "key personnel" identified in the vendor's proposal shall be firmly committed for the duration of this contract.

4. 14 Reports and Deliverables

The vendor shall prepare and deliver to the Commission three (3) paper copies and three (3) copies of electronic files of any report or deliverables required to fulfill this contract.

4.15 Maintain Confidentiality

In the course of collecting and analyzing these data, the vendor shall examine and have access to information that nursing homes may consider proprietary and confidential. Additionally, the vendor may have contact with individually identifiable patient information. It is the policy of the Commission that confidential patient information, as well as proprietary nursing home information must be protected. The vendor shall be bound by all relevant confidentiality requirements in applicable state and Federal laws and regulations regarding personal identifying information, including HIPPA and the Maryland Medical Records Act, Health General Article § 4-301, et seq. The vendor shall be responsible for safeguarding the confidentiality of such information by requiring any subcontractor to observe these same protections in dealing with individually identifiable resident information. The importance of such safeguards cannot be overstated. The release of any confidential or proprietary information will be deemed a breach of contract and may lead to the termination of the contract.

The vendor shall sign a MHCC data use agreement (DUA) as part of the contract. A copy of the MHCC's DUA is included in Appendix J.

4.16 Returned Surveys

The vendor will retain paper copies of all returned surveys for a minimum of six (6) months following the end of the contract period. After the six month period, MHCC will be contacted for disposition. At the direction of MHCC, the paper copies will be destroyed. The method of destruction will safeguard confidentiality of these materials, as described in the DUA.

End scope of work